

Recommendation to the Chair of the Board
Nomination of individuals to be appointed to the Board of Trustees of RI School for the Deaf

After careful interview, individual nominations may be forwarded to the Commissioner of Education and the Council on Elementary and Secondary Education for their consideration for appointment



Trustee Recommendation

Individual(s) making this recommendation: _____

Your Contact information: email _____

Recommended individuals will be required to participate in an interview process.

Full name of the person you are recommending: _____

Are you aware of any conflict of interest that might be present if this individual enters into a relationship with the Board of Trustees? YES ____ NO ____

Residence Information of the person you are nominating

Home Address _____

City/ Town, State, Zip

Please Provide Contact Information

Home phone _____ Work phone _____ Email _____

Phone _____ Videophone _____

Reason for Recommendation

1. Below is a list of qualifications to consider in recommending a person to serve on the Board of Trustees for the Rhode Island School for the Deaf. Please mark (✓) each item that describes the person you are recommending. These are suggestions only and do not qualify or disqualify any individual.

- | | |
|---|--|
| <input type="checkbox"/> Understands the work of the Trustees and expressed a commitment to serving on the Board if nominated | <input type="checkbox"/> Is fluent in ASL |
| <input type="checkbox"/> Active in the community/ history of public service | <input type="checkbox"/> Licensed as an interpreter |
| <input type="checkbox"/> Committed to education and continuous improvement | <input type="checkbox"/> Understands Deaf culture/history |
| <input type="checkbox"/> Positive attitude; works positively with others | <input type="checkbox"/> Shows belief in "Deaf Can Do" |
| <input type="checkbox"/> Open mind; considers new ideas | <input type="checkbox"/> Network in the Deaf community |
| <input type="checkbox"/> Experienced with strategic/program planning | <input type="checkbox"/> Experienced in working with schools |
| <input type="checkbox"/> Familiar/experienced with the education system in RI | <input type="checkbox"/> Has family members who are Deaf |
| <input type="checkbox"/> Has some background in education | <input type="checkbox"/> Is an alumnus of RI School for the Deaf |
| <input type="checkbox"/> Is a teacher/former teacher | <input type="checkbox"/> Is open to all communication modes |
| <input type="checkbox"/> Is a teacher of the Deaf and hard of hearing | <input type="checkbox"/> Has experience with cultural diversity |
| <input type="checkbox"/> Has some background in mental health/social services | |
| <input type="checkbox"/> Has specialized expertise/knowledge in areas such as: | |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> employment |
| <input type="checkbox"/> teamwork/facilitation | <input type="checkbox"/> law |
| <input type="checkbox"/> school-to-work transition | <input type="checkbox"/> linguistics/language development |
| <input type="checkbox"/> independent living | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> finance/business/ purchasing | <input type="checkbox"/> strategic planning |

2. Please briefly describe why you believe that this person should be considered as a nominee for the Board of Trustees for the Rhode Island School for the Deaf.

Send to: Helen Edwards

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RI School for the Deaf
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